

RETENTION INCENTIVE NOMINATION/JUSTIFICATION

I. INDIVIDUAL INFORMATION

Name		SSAN	Proposed Effective Date
Pay Plan-Series-Grade-Step	Position Title	Name of Organization	
Last Appraisal Rating	Appraisal Date	Duty Location	

II. DETERMINATION OF THE AMOUNT OF RETENTION INCENTIVE

Requested Percentage	Criteria Used to Establish the Percentage
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III. JUSTIFICATION

Describe in detail all of the following criteria. Failure to address all items will result in the request being returned without action. Information regarding the following areas may be continued on additional pages.

1. Unusually high or unique qualifications of the employee; or a special need for the employees services.

2. Extent to which the employee's departure would affect the California National Guard's ability to carryout an activity, or perform a function that is essential to the mission of the California National Guard.

3. Success of recent efforts to recruit candidates with similar qualifications and the availability of qualified candidates in the labor market.

IV. NOMINATING SUPERVISOR CERTIFICATION

I certify that in the absence of a Retention Incentive the employee would likely leave federal service. The applicant has signed the CNG Form 690-24, Retention Incentive Conditions, and it is attached.

Name/Title	Signature	Date	Telephone
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V. COMMANDER/DIRECTOR CERTIFICATION

I concur with this request.

Name	Signature	Date	Telephone
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VI. COMPTROLLER CERTIFICATION OF FUNDING AVAILABILITY (ANG ONLY)

I certify that funds are available for this action.

Name	Signature	Date	Telephone
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VII. DIRECTORATE OF HUMAN RESOURCES USE ONLY

Nature of Action	Authority	Retention Incentive Percentage and Amount	Effective Date
827 RETENTION INCENTIVE	VPN 5 USC 5754(d)(3)(a)		

Remarks:

- Retention Incentive will be terminated unless re-certification is approved by _____.
- Current Year Aggregate Limitation on Pay \$ _____ (5 CFR 530.202)
- Annual Rate of Basic Pay x Retention Incentive % = Incentive Amount
\$ _____ X _____ = \$ _____

REVIEWS/APPROVAL

I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

HUMAN RESOURCES SPECIALIST	Signature	Date
HUMAN RESOURCES SPECIALIST	Signature	Date
DIRECTOR/DEPUTY DIRECTOR OF HUMAN RESOURCES	Signature	Date